

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037258

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 1106

FILED OCT 1 1963

VS 300
Rev. 4/59

1 0928

2 09202

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4 0

5 1

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7 0

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9 163X

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12 1-0

13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Length of stay in 1b 2 Wks.	c. CITY OR TOWN Boschertown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3535 Hwy. 94 North Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Hobart Middle O. Last Halbruegge		4. DATE OF DEATH Month Sept. Day 23 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 10, 1898
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months 10 Days 13	IF UNDER 24 HR Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Confectionary		10b. KIND OF BUSINESS OR INDUSTRY Owner	
11. BIRTHPLACE (City and state or country) St. Charles, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME August C. Halbruegge		13b. MOTHER'S MAIDEN NAME Rebecca Schweiker	
14. NAME OF HUSBAND OR WIFE Ruth Tally		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No	
16. SOCIAL SECURITY NO. 5		17. INFORMANT Mrs. Ruth Halbruegge, St. Charles	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of pharynx DUE TO (c) Bronchial pneumonia terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH ? 6 mo. 3 mo. 1 wk.	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:10 a.m. Month, Day, Year 10/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Charles, Mo.		
21. I attended the deceased from 5/10/63 to 9/23/63 and last saw her alive on 9/23/63 Death occurred at 12:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ben L. Hembree M.D. (Degree or title)		22b. ADDRESS St. Charles, Mo.	
22c. DATE SIGNED 9/24/63		23. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 26, 1963	
23c. LOCATION (City, town, or county) St. Charles, Mo.		24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles, Mo.	
25. DATE RECD. BY LOCAL REG. Sept 25-1963		26. REGISTRAR'S SIGNATURE Mabel Zumwalt Dep	

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 15 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles A. Macke

Licensed Embalmer No.

4530

P. O. Address

St. Charles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.